

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
ETHICS COMMISSION  
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21-27-20

**2020 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Boland, Jacqueline

LOBBYIST FIRM/EMPLOYER (if applicable)

AARP Hawaii

TELEPHONE

(808) 225-4716

MAILING ADDRESS (No. and Street or P.O. Box)

46-225 Ahui Nani Place

FAX

EMAIL [jboland@aarp.org](mailto:jboland@aarp.org)

(City)

Kaneohe

(State)

Hawaii

(Zip Code)

96744

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

AARP Hawaii

TELEPHONE

(808) 545-6003

MAILING ADDRESS (No. and Street or P.O. Box)

1132 Bishop Street, Suite 1920

FAX (808) 537-2288

EMAIL [klopez@aarp.org](mailto:klopez@aarp.org)

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

142,000



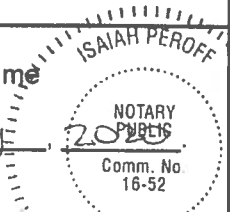
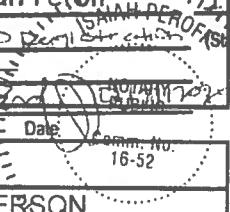
☐ Not Applicable


METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Legislation to help older adults create more livable, "age-friendly" communities		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE  1-21-20 DATE	Subscribed and sworn to before me This <u>21<sup>st</sup></u> day of <u>January</u> , <u>2020</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>01/21/2022</u> Notary Name: <u>Isaiah Peroff</u> My commission expires: <u>02/14/2020</u> Notary Description: <u>2020 Peroff</u>  

PART V AUTHORIZATION TO LOBBY		
NAME Kimberly Adler	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Vice President, Western United States	
NAME OF ORGANIZATION (if applicable) AARP	TELEPHONE 888-687-2277	
MAILING ADDRESS (No. and Street or P.O. Box) 601 E Street NW	FAX	
(City) Washington	(State) District of Columbia	EMAIL KAdler@aarp.org
(Zip Code) 20049		
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  1/21/2020 (Signature of Authorizing Officer or Person Represented) (Date)		